

Group Home for the Handicapped Registration Form

Development Services Department

90 E. Civic Center Dr. Gilbert, AZ 85296 (480) 503-6700-Phone (480) 497-4923-Fax www.gilbertaz.gov

A Community of Excellence

Facility Name:		
Subdivision Name:		Lot #:
Tax Parcel #:	Max. No. of Residents:	Number of Staff:
Licensing Agency: ADHS	☐ ADES ☐ Other	Type of License
		r included? Yes No nail:
		C:
Signature:		Date:
Applicant/Contact:		
		nail:
City, Zip:		
Phone:	Fax	C:
Signature:		Date:
Narrative: (describing type of	care, supervision, or counselin	g provided)
Current fees (non-refundable)	
BUILDING	& FIRE PLANS MUST B	E SUBMITTED WITHIN 90 DAYS
	by other state or local agencies, ind	y affect the registrant's responsibilities for licensing or cluding any applicable homeowners' or property owners'
	TOWN OF GILB	ERT USE ONLY
Admin Review by		Eden Permit #:
Zoning of Site:	Address of Nearest Group H	lome:
Location Verified By:		Date:
Submittal Date:		Fee Paid